



CITY OF BLOOMINGTON
401 N. Morton Suite 240
www.bloomington.in.gov

Special Event Parking Permit

Group Name _____
Name Last _____ First _____ MI _____
Address _____
Contact Phone Number _____
Vehicle Type: Bus _____ Van _____ Attached Trailer _____ Other _____
Location of spaces requested _____
Number of spaces requested _____
Meter numbers _____
Dates for requested spaces:
From _____ To _____
Time for requested spaces: From _____ To _____
Standard buses require two spaces

Office Use Only

Permit Number _____
Amount Submitted _____
Method of Payment _____

Submit Fax to City of Bloomington – (812) 349-3574

Contact: Raye Ann Cox (812) 349-3436